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THE VISITING NURSE DEPARTMENT



IN CHARGE OF
HARRIET FULMER

BEST HELPS TO THE IMMIGRANT THROUGH THE NURSE

By **LILLIAN D. WALD**
Head Worker, Nurses' Settlement, New York

A PHASE of visiting nursing that to our "settlement mind" is not sufficiently emphasized in the training of the pupil nurses during their period of education is that relating to their great privilege to perform a large as well as a most modern service. They have unequalled opportunity, in certain conditions of the life and social surroundings of their patients in congested quarters, to help the strugglers on a foreign soil to understand the requirements of Anglo-Saxon law and order and to bring to them a conception of American ideals that will go toward creating among the immigrants a realization of what is good in American life. No district nurse who has intelligent perceptions and education has failed to recognize the potentialities for good in the simple stranger or has not felt it incumbent upon herself to translate into elementary terms the laws that affect the welfare of these patients of hers. On the other hand, it has seemed a golden opportunity lost when the nurse through failure of education on her part has been unable to point out the laws that touch the people in their daily lives and to explain the reasons for their enactment and the standard of the civilization the immigrant must face. What greater value can an intelligent nurse have who, going into the homes of the poor and having some knowledge of these laws, can explain them to the family with whom she comes in contact? She, as an educator,—for that we have long since called the district nurse,—must be also a believer in the enforcement of law, and if at times the laws seem to her unwise and to bring undue hardship in their enforcement, she can do no better service to society than to express her opinion to those people in her community who are more familiar with the law and who through her contribution as to its working may have further light upon its reasonableness.

CHILD LABOR LAWS.—As illustration: A nurse familiar with the laws of her locality that affect the labor or the education of the children would know that states advanced in protective and educational legislation have expressed a growingly high sense of society's obligation to the child. Generally speaking the standard of advanced communities requires that a child shall remain in school until fourteen and that the working papers (or permission to be employed) shall not be given unless the child is fourteen, and can present satisfactory proof of age and also of a minimum amount of education.* The idea underlying this is that the children are protected in the present and the future by their education. They are less helpless physically as well as economically if they have had a chance to grow and have not been cheated of their childhood.

HOUSING CONDITIONS AND SWEATED TRADES.—The conditions of tenement house industries involving older women who should be caring for their children, or stealing the school time of the children themselves for the sweated trades, or taking the all too limited home space for factory work is one other evil that should stir the questionings of the district nurse. There have been nurses—to them much gratitude is due—who have not been content with ineffective comment on the sanitation of the dwellings and the hygiene of the homes, but who have taken the matter seriously and have contributed valuable information gained through their wise and sympathetic interest in the patients living under such conditions. In large measure the same qualities of affection and interest and sympathy have enabled them to train and educate (according to American standards) the simple and unsophisticated among the families themselves.

MORAL PROPHYLAXIS.—Another phase of the social opportunities of the nurse is the occasion so often presented to her to talk frankly and wisely on the subject of sanitary and moral prophylaxis in sexual hygiene. The community is growing out of its false conventional attitude in relation to this most serious question, and no more far-reaching education can be given than intelligent knowledge of the danger that lies in neglecting this subject. The doctors have taken it up and have organized for the purpose of spreading truth among the laity as well as to stir up a sense of obligation among the physicians themselves.* Who more than the district nurse has the opportunity of unforced occasions for helping the mothers to deal with knowledge and delicacy with their sons and daughters?

* New York State Child Labor Regulation.

* Society for Sanitary and Moral Prophylaxis.

These suggestions are but few among the many far-reaching opportunities of the district nurse. They do require education in addition to the conscience which demands faithful responsibility for the physical welfare of the patients. Those conditions toward the improvement of which—if not the cure—the nurse may contribute, lie at the basis of our national and municipal life. They are not outside the nurse's duties or interests but form the very groundwork of them and are parallel in importance to all of her skill and training in the prevention of illness, which to-day we recognize as more fundamental and more important than mere ameliorative treatment. District nursing of to-day follows the tradition of its earliest conception. It has been used since the beginning of its history to carry propaganda as there has been always an enthusiastic belief in the possibility of the nurses as teachers in religion, cleanliness, temperance, cooking, housekeeping, etc. My argument loses none of its force, I think, if much of this education has seemed to her lost energy because with greater knowledge and wider experience she has learned that the individual is not so often to blame as she at first supposed, but while the district nurse is laboring with the individual she should also contribute her knowledge toward the study of the large general conditions of which her poor patient may be the victim. Many of these conditions seem hopelessly bad but many are capable of prevention and cure when the public shall be stimulated to a realization of the wrong to the individual as well as to society in general if such are permitted to persist. Therefore her knowledge of the laws that have been enacted to prevent and cure, and her intelligence in recording and reporting the general as well as the individual conditions that make for degradation and social iniquity are but an advance from her readiness to instruct and correct personal and family hygiene to giving attention to home sanitation and then to city sanitation—an advance from the individual to the collective interest. The subject is tremendously important, even exciting, and adds the glamor of a wide patriotic significance to the daily hard work of the nurse. The prevalence of tuberculosis, for instance, brings attention directly to conditions of industry and housing; next, to hours of work, to legal restrictions, to indifference to the laws, to possible abuse of the weaker for the benefit of the stronger.

It is a splendid vindication of the value of comprehensive education and stimulated social conscience that the district nurses who have had this vision of their office have been the most faithful and hard-working and zealous in their actual care of the sick. Look carefully over the daily records of their work and you will find that the best technical

nursing has been done, actual nursing that entails return visits to the patient and careful attention to professional detail, and that unremitting care, I take it, is because a wider vision makes for thoroughness as an all important educational, social and humanitarian necessity where the patients are concerned.

These opportunities that I have so slightly touched upon bear the closest relationship to the immigrants because they are the most helpless of our population and the most exploited; the least informed and instructed in the very matters that are essential to their happiness. The country needs them and uses them and it is obviously an obligation due them as well as a safe guarding of the country itself to give them intelligent conception and education of what is important to their and to our interests. This phase of district nursing is not remote from the duties already established by nurses in the exercise of their daily work. It is in the hope of an extension and expansion of these functions on their part as well as of a realization of what an educator in the homes of the immigrants may entail on the part of those who educate them and prepare the nurses for the district work that I present this brief paper.

ITEMS

PITTSFIELD, Massachusetts, is organizing a Visiting Nurse Association.

A Visiting Nurse Association was organized in Memphis, Tennessee, January 23rd.

THE Woman's Club of Pepperell, Massachusetts, is contemplating the support of a nurse.

MISS HEDWIG JOHNSON, graduate of the Evanston Hospital, Illinois, has been appointed to succeed Miss Warren as Visiting Nurse in Evanston.

THE CLEVELAND CLIFFS IRON COMPANY is about to establish a visiting nurse in connection with the welfare department of its plant at Ishpeming, Michigan.

A VERY interesting little book to visiting nurses is "The Queen's Poor" by Miss M. Loane, published by Edward Arnold, 41 Maddox Street, Bond Street, W., London.

Mrs. QUINTARD, superintendent of the Philadelphia Visiting Nurse Association, has a notice on another page, that the position of assistant superintendent in that society is vacant.

News comes from St. Albans, Vermont, that the Woman's Club of that city supports a visiting nurse. A recent item in this department that the Hull House Woman's Club, Chicago, was the only club doing this, was an error.



HYOSCINE HYPODERMIC ANESTHESIA.—*The Annals of Gynecology and Pediatrics* has the following: The technic of this method (F. B. Kirby, M.D., *New York Medical Journal*,) is as follows: The patient is given a hypodermic injection of hyoscine hydrobromide, 1–100 grain; morphine hydrochloride, 1–4 grain; cactin, 1–67 grain. The room is preferably darkened, and the patient encouraged to go to sleep. One hour later, a second dose is administered, and a half hour later the operation may be begun; but if not completely “under,” a few drops of chloroform will suffice. The drug ingredients must be chemically pure. Scopolomine as used abroad is not identical with scopolomine in this country nor with hyoscine. In obstetrical work this method is most beneficial. Here half the dose is often sufficient, with the omission of morphine in the second dose. The first dose given at the onset of severe pains and the second at the beginning of the second stage. No untoward results have been observed. This anesthesia is too profound for minor surgery, and should be used with care at the extremes of life. In railway and other accidents where many are suffering pain, it will be of inestimable value. Here twenty-five or fifty people could receive preliminary pain-relieving treatment, while one was being cared for by ether anesthesia, and in the hour and a half necessary could be transported to a suitable place for care.

Thompson (*International Journal of Surgery*), speaking upon anesthetics, also refers to this method with commendation. He has tried it in obstetrics and also in a case of severe nervous headache or cranial neuralgia, with splendid result, one injection being sufficient. Relief was obtained in thirty minutes, the patient going into a profound sleep and awakening in six hours perfectly well.